

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Tamara Charles
Clerk of Court
Superior Court of the Virgin Islands
P.O. Box 929
Christiansted, VI 00821



9590 9402 8487 3186 9731 36

2. Article Number (Transfer from service label)

9589 0710 5270 1582 5759 21

A. Signature

X *John A. Brenden*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

John A. Brenden

C. Date of Delivery

2/15/04

☐ Is delivery address different from item 1?

☐ Yes

or delivery address below:

☐ No

D. Service type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Mail Restricted Delivery

(00)

Domestic Return Receipt